# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST  Bruce	OFFICE USE ONLY			
NAME	NICKNAME LAST		Date Received		
	Elfant	56.17			
4 CANDIDATE/		CITY; STATE; ZIP CODE			
OFFICEHOLDER MAILING ADDRESS	P. Box 49051 Austin	TX 78765			
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512 ) 467-2504	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
NAME	Beverly	G	Date Processed		
	NICKNAME LAST Reeves	SUFFIX	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE		
TREASURER ADDRESS	221 E. 6th St. Suite 10	00 Austin TX	78701		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512 ) 467-2504	EXTENSION			
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	1 /1 /2018	THROUGH 6	30 /2018		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)		
	Tax Assessor-Collector	Tax Assessor-Collector			
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)		
Bruce J Elfant					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	I. IOTAL PULITICAL CONTRIBUTIONS OF 330 OR LESS TOTALN TANK				
	\$ 50.00				
EXPENDITURE TOTALS	1 3 IOTAL POLITICAL EXPENDITIBLE OF \$100 OB LESS				
	4. TOTAL	\$ 500.00			
CONTRIBUTION BALANCE	5. TOTAL I	\$24,632.79			
OUTSTANDING LOAN TOTALS	6. TOTAL I	THE \$.00			
18 AFFIDAVIT					
		true and correct and includes all includes a	porjury to at the accompanying report is self-in rectured to be reported by me 19-97B4-1068EB 3 - 12:48:49		
		Signature of Sar	ndidate or Officeholder		
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said, this the					
day of	, 20,	to certify which, witness my hand and seal of office			
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
	NAME OF SOFIEDULE		AWICOIVI	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUT	TIONS	\$50.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITIC	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$.00	
4.	SCHEDULE E: LOANS		\$.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE	FROM POLITICAL CONTRIBUTIONS	\$.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MA	ADE FROM POLITICAL CONTRIBUTIONS	\$.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDI	T CARD	\$.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE	FROM PERSONAL FUNDS	\$500.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL	CONTRIBUTIONS TO A BUSINESS OF C/OH	\$.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MAD	DE FROM POLITICAL CONTRIBUTIONS	\$.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFURED TO FILER	INDS, AND CONTRIBUTIONS	\$.00	

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME Bruce J Elfar	nt		3 Filer ID (Ethics Commission Filers)	
4 Date 07/13/17	United the contributor		7 Amount of contribution (\$) \$50.00	
	6 Contributor address; City; State 812 San Antonio, Suite 304 Austin T	; Zip Code X 78701		
8 Principal occu Lawyer	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
	Contributor address; City; State	; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City; State	; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instru			tions)	
Date	Full name of contributor out-of-state PAC	· (ID#:)	Amount of contribution (\$)	
	Contributor address; City; State	; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDUI F AS NI	EEDED	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

(	Candidate/Officeholder/Politi Credit Card Payment	_	on Guide explair		complete this form.	Other (enter a category	not listed above)
1	Total pages Schedule G:	2 FILER NAME Bruce J Elfant				3 Filer ID (Ethics C	ommission Filers)
4	Date 08/25/18	5 Payee name Austin AFL-CIO Elfant					
6	Amount (\$) \$250.00  Reimbursement from political contributions intended	1101	City; State; Zi Austin	p Code TX	78701		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Advertising Expense	d at the top of this sc	hedule)		of Texas. Complete Schedule	
9	Complete ONLY if direct expenditure to benefit C/G	Candidate / Officehold	ler name		Office sought	C	ffice held
	Date	Payee name					
	Amount (\$)  Reimbursement from political contributions intended	Payee address; (	city; State; Zi	p Code			
	PURPOSE OF EXPENDITURE	Category (See Categories liste	ed at the top of this sc	hedule)		of Texas. Complete Schedule	
	Complete ONLY if direct expenditure to benefit C/0	Candidate / Officehold	ler name		Office sought	С	ffice held
	Date	Payee name					
	Amount (\$)  Reimbursement from political contributions intended	Payee address; C	city; State; Zi	p Code			
	PURPOSE OF EXPENDITURE	Category (See Categories liste	d at the top of this sc	hedule)	$\overline{}$	of Texas. Complete Schedule	
	Complete ONLY if direct expenditure to benefit C/G	Candidate / Officehold	ler name		Office sought	С	ffice held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						